

## BIBLIOGRAPHICAL NOTICES.

XVIII. *Illustrations of Pulmonary Consumption, its Anatomical Characters, Causes, Symptoms and Treatment. With twelve plates, drawn and coloured from nature.* By SAMUEL GEORGE MORTON, M. D. Physician to the Philadelphia Alms-house Hospital, Lecturer on Anatomy, &c. &c. Philadelphia, Key & Biddle, 1834, pp. 183.

It would be sufficient to say that the present was an original work on pulmonary consumption, prepared in the United States, containing new cases, implying and usefully exercising an acquaintance, on the part of the writer, with modern morbid anatomy, ornamented and enriched by the addition of a set of handsome lithographs, augmented with independent observations, and stating the results of recent experience in the use of the principal remedies—it would be sufficient, we apprehend, to say this, in order to command the good wishes of every true friend to the diffusion of useful professional knowledge in America. Any disposition to captiousness, or in some measure, perhaps, even to criticism, should be silenced by this feeling. Dr. Morton has unquestionably done a service to the country by the production, within its boundaries, of a monographic work on an important disease, containing copious details and valuable representations in morbid anatomy. This example, if it prove successful, will no doubt be imitated; and we shall thus, commencing with the systematic treatise of Dr. Horner, possess a series of publications on this branch of medical science; a branch among the most important, at once from its intrinsic usefulness, and from its peculiar adaptation to the spirit of the times. The principal improvements which have recently been made in our profession have been through the medium of morbid anatomy, and lovers of their country would have cause to regret if Americans should obtain no share in that harvest to which the present state of our science seems so particularly to prompt its votaries.

The object of reviewing, therefore, in such a case as this, should be rather to make known the existence, nature, and utility of a book, than to indulge in peevish comment upon its faults. Let us nourish the tree, and allow it to strike deep and firm root in the soil, before we begin to deprive it of its branches by the pruning-knife. Yet, at the same time, when comments suggest themselves to our mind as worthy of a place, we shall not hesitate to insert them. We conceive this course to be the most just, both to the public and to the author, and shall write with confidence, wishing to treat Dr. Morton, in all respects, as a man of science and of liberal views.

The work is certainly a very beautiful one;—the lithographs are finely executed and well coloured. They form a striking and interesting series of “illustrations” of the progress of this formidable disease from its commencement, through its various morbid conditions, to its natural cure. Of this last process, in single tubercles, there are very beautiful examples in Plates IX. and

XII., while Case 28 records the history of an individual in whom the recuperative change seems to have been nearly completed throughout the whole lungs; her death having been produced by a different affection.

Plates VIII. and IX. illustrate a very remarkable case, in which the tubercular pus obtained a passage between two ribs among the muscles of the back. It here gave rise to a large abscess, by the progress of which the spinous processes of several vertebræ were denuded, and great destruction effected among the soft parts. In this curious instance, the whole lung was consolidated, with the exception of the cavity giving rise to the above occurrences, by the gray induration, and by a number of tubercles; one of which was that already mentioned as being cicatrized.

The three first plates contain numerous examples of granular and miliary tubercles. Plate I. gives a view of the bronchia, coloured by the inflammation which follows, in them, the opening of tubercles into their cavities. Plate II. fig. 3, exhibits instances of tubercles beginning to soften at the edges, instead of commencing in the centre, as they are commonly said to do. It also exhibits a tubercle embracing a portion of the matter of melanosis; from which circumstance Dr. Morton infers that "it has grown by the superposition of parts, and not by interstitial deposition." We are here tempted to inquire whether the matter here styled melanotic be any thing more than the common black matter of the lungs. In Plate III. is a large encysted tubercle, and also another cyst containing a calcareous concretion. Below is a specimen of gelatinoid infiltration.

Plate IV. fig. 1, is an example of numerous small tubercles and commencing vomica, in a mass of lung affected with pneumonia, passing from the stage of simple congestion to that of hepaticization. Fig. 2 represents a large vomica, of a greenish hue, traversed by the numerous bands so frequently met with under these circumstances, and from which Dr. Morton calls such "funicular" abscesses. These bands, in contradiction to the opinion expressed in general by the celebrated Lacunæ, are traversed by large branches of the pulmonary artery. Plate V. fig. 1, represents an encysted tubercular cavity, with a mass of pulmonary matter at the bottom of it, containing blood-vessels. Fig. 2 exhibits another encysted abscess, lined extensively with extremely vascular granulations, which gave rise, as Dr. M. apprehends, to a very copious hæmorrhage with which the patient had been harassed. In Plate VI. is figured a large abscess with gangrenous spots. Across the cavity of this stretches a very large branch of the pulmonary artery, of a lively red colour, entirely deprived of all covering, except a few particles of tubercular matter adhering to it, and sending off several ramifications under the same circumstances. This, of course, furnishes a strong confirmation of the remark referred to under Plate IV. fig. 2, that arterial branches may traverse tubercular cavities. We observe that in the narrative of the case, (Case 22, p. 86,) this vessel is called a vein, although it is said to have been traced to the pulmonary artery. Plate VII. exhibits gelatinoid infiltration of several colours, as also another instance of the columnar bands above alluded to, and permeated by arterial branches. In p. 85, we are told that these latter frequently traverse tubercular cavities, and suddenly become impervious at the end of their transit, and the vessels represented in the present plate furnish an example of this fact. Plate X. is a beautifully-coloured figure of a larynx and trachea intensely inflamed, and containing numerous

ulcers, some of which perforate the cartilages. Plate XI. fig. 1, exhibits fibro-cartilaginous adhesions of the pleura, consequent on a chronic inflammation; and fig. 2, displays two adhesions of a thick, cord-like form, and containing fat; the effect of which cords was to prevent the collapse of the lung, which would otherwise have been produced by the liquids effused into the cavity. The case was one of acute pleurisy. The second figure in Plate XII. is a very curious view of an intense broncho-trachitis, with ulcers, and of enlarged bronchial glands with calcareous concretions and ossifications.

We have spoken of the plates in the first instance, and detailed their contents as above, because we really considered them a principal portion of the work. These beautiful illustrations form a topic by themselves; and accompanied by the narratives which belong to them, they would have been well worthy of publication without any further addition. The remark of the classic, "*seignius irritant*," &c. is in no case more applicable than in the instance of morbid anatomy. Persons may read for a length of time descriptions of anatomical changes, followed by discussions respecting their nature and treatment, without acquiring accurate conceptions of their appearance, or indeed gaining confidence in the observer's own ideas of that which is described, when a brief examination of a specimen in nature selected by a judge of the subject, or of a well-executed plate, will entirely remove the difficulty. The mind becomes satisfied in the accuracy of its own apprehensions, and knowledge and arguments that were floating and vague before assume a character more fixed and definite. More interest is taken in further discussions and observations, and the inquirer feels that he is advancing in information. We will not pretend to say that any substitute is entirely equivalent to a course of dissections conducted in the best manner; but then so many difficulties occur in the way of this, so few are placed under the guidance of persons competent to make, exhibit, and explain them, that it has always appeared to us that the student of morbid anatomy must ever depend in a great degree upon engraved or lithographed representations. These present the facts of nature, freed from the disgusting circumstances of the dissecting-room, displayed in the most distinct and advantageous manner, and accompanied by explanations, which, unlike the oral teachings of the professor, may be made to wait for the convenience of the busy practitioner, can be resumed or quitted at a moment's warning, and will pause during any interval for more deliberate study or extended reference. They are not an adequate substitute for nature, it must be confessed; but then it will be admitted that nature frequently passes through the hands of the observer without being so well understood, or even so completely seen.

It is time, however, to proceed to our author's text. The two chapters with which he commences are anatomical; the first containing a view of the anatomical changes which are usually found accompanying tubercles in the lungs of pulmonary patients. For this he apologises, we think without necessity, as it appears to us to form an important part of the subject. It is certainly impossible to form an adequate idea of the condition of such a patient without understanding these collateral changes; even the evidence of the stethoscope and percussion being unintelligible under such circumstances; and as his book is elementary, the definitions seem to us absolutely necessary. We are surprised that he has here overlooked interstitial hæmorrhagy, or the "*apoplexy of the lungs*," of Laen-

nec; an affection which so frequently precedes the discovery of tubercles, to the terror and distress of families. To this he alludes at p. 55, occupying some space with this very interesting subject. We observe, p. 58, that Dr. M. applies the term "pulmonary apoplexy" in the sense in which some American physicians have used it orally, though we do not recollect to have seen a definition of this in print, nor does our author give us one. He evidently views the term apoplexy, thus used in respect to the lungs, as implying simple congestion, of which hæmorrhagy may be one of the consequences.

"All circumstances considered, we may refer the origin of the preceding disease to pulmonary apoplexy, of which the hæmoptysis was a consequence and indication," p. 58.

We confess we are not satisfied with the use of the term. "Apoplexy of the lungs" is a phrase now devoted by a numerous mass of physicians, including nearly all the anatomical school, to the expression of a hæmorrhagy of that organ; and this use corresponds with the strict use of the term apoplexy, as applied to the brain, where it likewise means a hæmorrhagy. It is true, that owing to the prevalence of an erroneous pathology, that which ascribes the production of stupor to pressure, other lesions of the brain also occasionally received this name; but as these are evidently distinct affections, though they frequently have this symptom in common, anatomical physicians now no longer use the same word to express two such dissimilar states of the organs. Many practitioners, undoubtedly, still continue this use of the term, but we had hoped the impropriety of grouping a sudden congestion and a hæmorrhagy under the same term was gradually falling into disuse, and were therefore less prepared to find it extended in other parts of the body. In the case of the brain, there is still some excuse—the two affections not unfrequently resemble each other in the production of torpor; but in the lungs there is no resemblance, unless in the simple fact that the same part of the body is diseased in both cases. We could have wished, too, that Dr. Morton's dissections had furnished him with a good specimen of the disease to which this name has been given by Laennec and others, and of which such a beautiful plate is furnished by Cruveilhier. We should then have seen at once that simple congestion is not to be confused with such a hæmorrhagic affection; although, as Dr. M. suggests, the one may not improbably be antecedent to the other. At page 123, we find Dr. Morton claiming for Dr. Rush the origin of this use of the term "forty years ago," and, if we understand the succeeding sentence aright, he attributes to Laennec the same combination of simple congestion and hæmorrhagy which he employs himself. This last, however, we believe is erroneous.

Chapter II. contains definitions or descriptions of the different stages and states of tubercle. We do not well understand the reference to Plate III. fig. 2, for tuberculoid granulations, which do not appear to us well exemplified in this plate. Unless this be an exception, the definitions are neat and clear, and correspond with the illustrations. With the termination of this chapter we begin upon doctrinal matters.

Dr. Morton, after speaking of the great frequency and prevalence with which tubercular disease commences at the top of the lung, proceeds to give us a theory upon this subject, and one upon which we cannot unite with him. He explains the circumstance alluded to by the *immobility* of this part of the tho-

racic parietes, which does not allow the same expansion, as is the case with the rest of the thorax. This state of things he considers as equivalent to compression, and such as the peculiar cause of tubercles in that situation. This view of Dr. M. coincides with his decision, page 45, against tight-lacing, as a fertile cause of consumption; on which he inveighs at some length. To this we reply, first, that the authority of Louis on this point is exactly in opposition to him. He states, p. 531 of his work on consumption, that his male patients, who wore no corsets, were quite as numerous as the female; and again, that the greater portion of his female cases occurred in women who had been educated in the country, and had never subjected their lungs to the confinement of these articles of dress until after they completed their growth. In the next place, if this be conceded as a cause of phthisis, the question as stated above by Dr. Morton rests upon totally different grounds; as we have here a natural structure, and not an artificial compression. Whether this portion of the thorax expands might be perhaps made a question in anatomy; but certainly the lung, in the natural condition of the pleura, possesses the power of sliding downwards to a wider part of the cavity, when the expansion takes place below. To suppose the original structure of the human race imperfect at this point, so as necessarily to lead to disease, seems to be impeaching the perfection of nature, and to stand at war with what we know of the general order of things. We will suggest to Dr. Morton the agency of another cause upon the top of the lungs, which seems to us to go far towards accounting for the production of tubercles in this point with peculiar frequency, as well as that of the great number of pulmonary catarrhs with which the inhabitants of our country, of both sexes, suffer so severely. We allude to the ordinary construction of our dress, by which this part of the body is exposed to the vicissitudes of the weather with a fearlessness which by no means seems to indicate colds in that portion of the body as the greatest outlet of human life. The ordinary dress of our females leaves the whole top of the lungs, the favourite seat of tubercles, either entirely without covering of any kind, or with that which is very inadequate. The portion which is situated between the scaleni muscles is, we believe, never covered; and many, if not most, of our fashionable dresses also expose to the influence of the air a more or less considerable portion of the space below the clavicles. In the male sex, although not to the same extent, a practice similar in its nature also prevails, our waistcoats being nearly all made to open and admit the cool air to the parts which lie over the bifurcation of the bronchia, and the vicinity of the clavicle. It seems to be the prevalent opinion, at the present day, that cold, at least damp cold, is the principal determining cause of pulmonary consumption; the later writers being generally agreed on this point; and if so, of how great importance must it be to guarantee these tender parts, so very frequently the victims of mortal disease, against the atmospheric influences.

Dr. Morton is brief upon the elementary nature and production of tubercle, and seems to feel the confinement of the narrow bounds to which he has restricted himself. He conceives himself as having established—

“1. That tubercles are an altered secretion of the albuminous halitus proper to the cellular tissue forming the parenchyma of organs. 2. That inflammation is not necessary to their development. 3. That the cellular tissue which en-

velopes and intersects tubercles, sooner or later takes on inflammation and secretes pus, by which process the tubercular matter is eliminated and an abscess is formed."

That inflammation is a very frequent cause of tubercles, cannot, we think, in the present state of morbid anatomy, be denied, and at the same time it must also be acknowledged that tubercles frequently occur through an operation of the white capillaries alone. On this point, however, it is sufficient to refer the reader to the work on the *Principles of Medicine*, by our eloquent collaborator, Dr. Jackson, and to his essay, in the 5th volume of this Journal, where this subject is clearly and ably treated, and where the absurdity of confusing together the lymphatic absorbents and the nutritive white capillaries is sufficiently pointed out and guarded against. We shall, therefore, not detain our reader longer upon this theory, but proceed in a manner more considerate of the bounds of our article.

With regard to the outward appearances of the tubercular or scrofulous diathesis, nearly two-thirds of the white phthisical patients who have come under Dr. M.'s care have had dark hair, dark or sallow complexions, and dark eyes; and of the remaining third a large number had reddish hair, and what is called the sandy complexion. These observations, which certainly do not tend to confirm the common description of the scrofulous temperament, are strengthened by remarking the great predisposition to phthisis of the negro race. Although thus unable, however, to point out the distinctive characters usually ascribed to this predisposition, our author does not deny that it really exists and is transmitted by inheritance. He apprehends bronchitis to be a frequent exciting cause of pulmonary tubercle, and gives a case in which these changes took place in the course of an attack of measles. After some remarks upon the effects of trades and professions, climates, weather, and age upon the production of the disease, he relates two cases, one of which terminated within three months and the other within one month of birth.

Under the head of symptoms, two striking instances are narrated, in which the cough and expectoration ceased for a considerable time before death, and on dissection no particular accumulation of fluids was found on the mucous membrane, which therefore appears to have ceased to secrete that substance, or as suggested by M. Andral and others, to have permitted them to be absorbed. Several pages are then occupied with the important subject of hæmoptysis. He has not, as we have already intimated, furnished us with any plate of the hæmorrhage of the substance of the brain, the apoplexy of the lungs of Laennec. In the place of such may be substituted his beautiful figures of large arterial branches traversing tubercular cavities, which we have already enumerated, and some of which appear to give rise to the hæmorrhage of his cases. A case is narrated at p. 60, &c. in which Dr. M. apprehends the hæmorrhage to have arisen from the rupture of a vessel. This inference he seems principally to find upon the sensation by the patient of a "snap" in the left lung. An article, "hæmoptysis from the parietes of abscesses," contains a case, illustrated by one of the plates, in which the hæmorrhage appears to have arisen from granulations in the lining of a cavity. With these we are willing to leave the catalogue of his symptoms. Most of the chapter is occupied with several of the leading symptoms considered separately. It concludes with a case in which a very large

number of tubercles were developed in the lungs and in various other organs of the body, and which nevertheless exhibited no symptoms whatever of the pulmonary affection.

Among the complications, that with fistula in ano will not attract our particular attention. The article on morbid affections of the pleura contains a case of a very large abscess without any adhesion in the pleura adjacent, forming an exception to the remark, general in this respect, of Professor Louis. Perforation of the pleura, encephaloid tumour, and the case of extensive denudation of the arteries already mentioned, and figured in the plates, are all successively treated. Gangrene, the case of abscess perforating the back, a case complicated with disease of the liver, cicatrization, tubercles of the peritoneum with an acute inflammation of that membrane, ulceration of the trachea, abscess connected with a similar cavity in the liver, and a purulent chronic catarrh, apparently from a calculous concretion in the lung, are all illustrated in the seventh chapter. The eighth is occupied with the stethoscope. We regret its shortness; this seeming an anomaly in such a work. The author does not profess to render his work complete in this respect, but refers to Williams, Collin, and the original work of Laennec.—On the important subject of the *treatment*, we should be glad to be more minute. He treats early hæmoptysis with bleeding, followed by spirit of turpentine, elixir of vitriol, common salt, opium, sugar of lead, &c., admitting any one of these as effectual. He then applies cups to the infra-clavian region, followed by a blister, and afterwards by an issue or a tartar emetic plaster, with perfect rest, and a diet of gum-water and farinaceous food. He then strongly recommends the country, not fearing injury from the motion of a carriage. When hæmoptysis takes place after a cavity exists, he disapproves of bleeding or any other active depletion. He employs the other remedies indicated above, with the addition of tonics and alteratives.

Dr. M. expatiates upon the very great importance of curing chronic catarrhs; but as his observations on that subject do not appear likely to interest our readers particularly, we shall not extract them. Hæctic is treated, early in the case, and when severe, with blood-letting; after which resort is had to digitalis, as also to neutral mixture, acidulated drinks, with or without sweet spirits of nitre, and spongings of the limbs executed with cold vinegar and water. The bowels are regulated with magnesia, or small doses of neutral salts, and carriage-riding resorted to as soon as practicable. Night-sweats are checked by lotions of alum and brandy, and by infusion of sage with elixir of vitriol. "In many instances," says our author, "a dose of this mixture taken every night at bedtime will answer every purpose." In one instance equal benefit was derived from prussic acid, and in one from a combination of sulphate of iron and alum.

The pleuritic pains which accompany the development of abscesses are to be treated by a few blisters or cups over the affected part, followed by a small blister, and this again by a poultice of bran and flaxseed—a practice taken from Professor Roussais. The gastric symptoms we pass over. Dr. Morton treats diarrhœa most successfully by injections of morphia dissolved in gum water, infusion of flaxseed, or some other bland mucilage. He often adds with advantage a table-spoonful of camphur water. He has also derived signal benefit from the mixture of laudanum, camphor, and nitric acid, recommended by Dr. Home, which he makes very weak. Where other means have failed, calomel in small

doses, with opium and ipecacuanha, are found effectual. A strong infusion of dogwood, and also the combination of alum and sulphate of iron, recommended to and by M. Orban, from the Muorish physicans of Morocco, are among the remedies which Dr. Morton has tried with success. One and a half grains of each of the above-named salts were given by Dr. M. twice a day. Costiveness is to be treated, where this is necessary, by bran bread and cream, morning and evening, or by ripe fruits. Where these means are insufficient, rhubarb, either alone or with magnesia, or the neutral salts should be used. Frequent vomiting, according to our author, can only be relieved by an extremely simple diet. It is sometimes necessary to confine the patients to mucilaginous drinks for several days in succession; and in other cases nothing should be taken into the stomach but lime water and milk.

Some of the results of Dr. M.'s therapeutical trials have been very flattering. He is sanguine in relation to digitalis. Of iodine he has made numerous trials, and feels "able to express an unequivocal opinion respecting it. In a large number of instances, it has appeared, especially in incipient consumption, to arrest or suspend the tubercular secretion, and with it the hectic, marasmus, cough, dyspnœa, and other urgent symptoms." He is "cautious to discontinue it whenever it is followed by sick stomach, vertigo, or any of those symptoms usually called nervous, as also when there is much febrile excitement;" several instances having occurred "in which the persistence in it would have certainly terminated in very unpleasant consequences."

"There are," says Dr. M. "again, some constitutions in which it does not appear to produce any obvious effects, either for better or worse; but in a majority of cases, even in the second stage of phthisis, I have been much gratified with the results. Thus, it often relieves the dyspnœa, improves the complexion, and restores the appetite, even when the advanced progress of the disease precludes all hope of recovery. A lady has assured me that whenever her cough, dyspnœa, and febrile symptoms warn her of a fresh accession of disease, the use of the iodine at once dispels the symptoms, and restores her to her usual health. In another marked case, that of a middle-aged man, one whose lungs has been in a state of abscess for eight months past, I have repeatedly rescued him from alarming relapses by the iodine mixture alone. In some instances, it has so obviously improved the nutritive function that patients have increased in flesh by its use, and at the same time recovered, in a considerable degree, a naturally florid complexion."

From prussic acid our author has derived the usual advantages; he has found much benefit, in the chronic catarrhs of old persons which simulate phthisis, from the use of *Uva ursi*. He also speaks in high terms of the restorative powers occasionally to be met with in compound extract of sarsaparilla, as now made in this city. Of mercurry he does not speak in terms at all calculated to recommend that medicine for the treatment of consumption. Where a scrofulous taint is evinced, in addition to pulmonary tubercles, he combines the sarsaparilla extract with hydriodate of iron. He praises tonics, but has chiefly confined his trials of remedies in that category to *Prunus virginiana*. Narcotics he has found indispensable as "the less of two evils;" and he has employed hyoscyamus and eicutia with great advantage.

Dr. M. is much gratified with the consequences he has obtained from the tar fumigations, practised according to the method of Sir Alexander Crichton. As the benefit has seemed to Dr. M. to be in exact proportion to the accuracy

with which the instructions given are fulfilled, we shall not apologise for copying the latter.

"An ounce of potash is added to every pound of tar, in order that the latter may be deprived of its pyroligneous acid. The two ingredients, being well mixed, should be boiled for a few minutes in the open air, in order to disengage any impurities, and should then be kept at a simmer in the room of the patient. This is readily effected by putting the composition in an iron vessel, and placing the latter over a spirit lamp or some analogous contrivance."

The plan of burning tar, rosin, myrrh, and other substances in the room of the sick, without the above precautions, he has found unsuccessful.

Iodine inhalations, as recommended by Sir Charles Scudamore, he has not tried; but his trials with chlorine led to disappointment. We have tried both, and do not wonder at his disappointment. In fact, if iodine did or do act upon tubercles, what useful result is to be expected from applying a substance so irritating to the inflamed mucous membrane? The inhalations of tincture of *Conium maculatum*, however, recommended by Sir Charles as a palliative to do away the irritating effects of his own remedy,\* are recommended from experience by Dr. Morton. He quotes them from Dr. Pearson, and makes the tincture with ether, and not, as Dr. Scudamore, with alcohol.

Issues are much used by Dr. Morton on the regions below the clavicles, and at the lower part of the sternum; (he does not tell us with what object this last situation is adopted.) He has found these exudories less inconvenient than setons or antimonial pustules. The time to interpose them with effect he has found to be the onset of consumption; and they have not interfered with the important object of long journeys and other exercise. They should not be suddenly discontinued.

On the subject of *diet*, and the diversity required, we shall not abstract any portion of our author's reflections. On that of clothing we think him particularly sound. He expostulates against the preposterous and fatal idea of *hardening* children by exposing them to the causes of disease—insists on the importance of maintaining a healthy action in the skin, and strongly urges the use of plentiful and warm clothing. For the invalid he recommends the buckskin vest. The directions for exercise are also very sound. They coincide, making allowance for an abatement of enthusiasm from a more prolonged experience, with those of Sydenham. The articles on this subject, and on climate and voyages, are very agreeable reading. We are obliged, however, to adhere to our system of abridgment. Dr. Morton recommends inland and dry situations and the air of pine forests for the residence of persons having weak lungs. All experiments of the sea-shore, however mild the climate, and however plausible the first alleged successes, seem to end in disappointment and disaster. On the other hand, the most obstinate catarrhs have yielded in a few days beneath the influence of the balsamic air of the New Jersey pines. The other alternative of voyages across the high sea is also strongly recommended; and considerable space occupied with sketching out a journey through the west and south, and criticising the relative advantages of different ports in foreign countries to which the navigator for health may have recourse. We have found these pages highly

\* See his *Essay on Iodine Inhalations*.

interesting and useful, and should be glad to abridge them, but hasten to the conclusion of our task.

There remain for its completion but a few gleanings and the close. In his concluding observations, Dr. Morton urges the possibility of doing much for consumption. He believes that the anatomical cures occur with sufficient frequency to be an object of real value in practice. He has no doubt, and we agree with him, that many of the apparent recoveries of consumption which pass before our eyes, are real. The contrary opinion, which denies the name of consumption, ipso facto, to every case that recovers, and makes death part of the diagnosis, has long seemed to us to lower the dignity of the human understanding. To hold to this in practice, in opposition to the well-established anatomical facts which exist to the contrary purport, is worthy to be called a superstition. It is adhering, in the face of facts, to an old and fully exploded opinion, founded upon a false hypothesis, that of the impossibility that a wound in the lungs should heal in consequence of the motion of the parts; and it never had any rigorously observed facts to support it. We have therefore a right to assume pulmonary consumption as a malady still fatal, appalling, destructive, calamitous, but yet not absolutely incurable. The kind beneficence of nature bestows cheerful anticipations upon the phthisical patient; and the present error at least ought not to deprive him of them. His cup, like the box of Pandora, is charged deep with every woe—let us leave him *hope* at the bottom.

In the appendix, a statement by Dr. Emerson exhibits the relative mortality of Boston, New York, Philadelphia and Baltimore, by consumption and acute diseases of the lungs. We give the general result, naming the cities in the order in which they suffer from this cause:—Deaths by consumption in proportion to the whole mortality—New York, 1-5.23. Boston, 1-5.54. Baltimore, 1-6.21. Philadelphia, 1-6.38.—By consumption, joined with acute diseases of the lungs—New York, 1-4.07. Boston, 1-4.47. Philadelphia, 1-4.90. Baltimore, 1-5.33.—Whole mortality in proportion to the population—New York, 1-39.36. Baltimore, 1-39.17. Boston, 1-44.93. Philadelphia, 1-47.86.

Article 2 is a highly interesting case of hæmorrhage from the parietes of a tubercular cavity, similar to those noticed by authors, as above. "Its lining membrane was covered apparently with engorged varicose vessels." The case is reported by Drs. Elkinton and Ashmead.

Such is the view which our time and space have allowed us to take of Dr. Morton's essay on Consumption. In summing up, we may say, without impropriety or hesitation, that the greatest fault of the work is that it is too *small*. It reminds us of the compliment paid by Byron to Campbell, that the latter was the only poet living in England of whom it could be complained that he had written *too little*. Dr. Morton has committed this rare fault; and the perusal of his work leaves us with a lively wish that he had written and published more. In saying this we mean to confer praise, but we likewise mean to convey censure. It is impossible that in a work of this size the various difficult and interesting questions which arise in connexion with the subject of tubercles could have justice done them. They are passed over with a haste beyond that with which the students of our country should contemplate these important subjects. At the same time, it may be that the industry and leisure of our countrymen are not adequate to the perusal, in large numbers, of the more extended works; and

volumes of the size of the present may be better suited to the demand. Whether this be the case or not, we decidedly wish Dr. Morton to enlarge his subsequent editions; nothing doubting that such will be called for; and he will then be able, not only to add new facts to his publication, but to enlarge, explain and develop various parts of what he has already inserted. We are confident that the public will welcome such an enlargement; and that the work, without denying imperfections, will be considered as an honourable and desirable acquisition to American pathology.

B. H. C.

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XIX. *Memoir of the Life, Writings, and Correspondence of JAMES CURRIE, M.D., F. R. S. of Liverpool, &c.* Edited by his son, WILLIAM WALLACE CURRIE. In two vols. 8vo. London. 1831.

The very distinguished services rendered to medical science by the late Dr. Currie, his eminent literary talents, his elegant compositions, and the acute powers of criticism displayed by him, as well as the importance of his political writings, the elevated position he enjoyed in society, and the esteem and affection in which he was held by many of the most celebrated men, in useful and polite learning, who adorned during the latter part of the last and the commencement of the present centuries, the country of his birth and of his adoption, entitle him in every way to the high respect of the members of that profession of which he was undeniably one of the brightest ornaments. Influenced by this opinion, and presuming that such of the readers of this Journal as are aware of the merits of Dr. Currie as a medical philosopher and practitioner, will find pleasure in perusing a sketch of the events of his life, and an enumeration of his services in science and literature; while those who have not yet become familiar with these, will be gratified at being possessed of information on a subject of such deep interest; we have prepared a brief and condensed analysis of the two volumes of memoirs of the life, writings, and correspondence of that distinguished man, for which, as the title indicates, we are indebted to his son.

Prepared, as they are, for the press by one having access to the most correct sources of information, they must be considered as entitled to entire confidence, in regard, at least, to all the events and facts they record. But even had we not the reason of the close relationship of the author to the subject of these memoirs, to lead to the conclusion of the authentic nature of the information they contain, we would feel disposed to place reliance on their accuracy, and to form a favourable opinion of their merits, learning as we do, from a recent publication,\* that they received the unqualified approbation of William Roseoe, long the intimate friend of Dr. Currie, and whose testimony, from this circumstance as well as from his great literary renown, must naturally be regarded as of great weight on a question of this nature.

Dr. James Currie, the subject of the present memoir, was descended from a race of Scottish borderers. He was the only son of a respectable clergyman, and was born at the manse of Kirkpatrick-Fleming, in Annandale, on the 31st of May, 1756. He received the rudiments of his education under his father's eye, at the parish school of the above-named place, and afterwards at that of Middlebie, in the same county, to which latter parish his father was translated, and of which he continued minister till his death.

\* Life of W. Roseoe, Vol. II. pp. 310-11, Am. Ed.